

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th 410211

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/14/2011
NAME OF PROVIDER OR SUPPLIER  BAPTIST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 450 COLLEGE ST NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1972 K7 SURVEY UNDER: 2000 EXISTING K8 56-bed SNF/NF	K 000			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area's fire-rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on February 14, 2011 at 2:00 p.m. confirmed unsealed penetrations in a 2-hour rated wall above the door to the mechanical room and on both sides of the headwall between the mechanical room and corridor. There were numerous communication wires observed to be sealed with a non-approved firestop material ( " Great Stuff " ) in the corner, conduit was running	K 029	This deficiency applies to residents in one smoke compartment including rooms 25, 26, 27 & 28. Sealed communication wires with approved 3M Firestop caulk (CP25WB). The wires were sealed as described in 3M system #C-AJ-3200. Installed angle brackets to ductwork. Sealed sprinkler piping with 3M Firestop using 3M System C-AJ-1427. Sealed Headwall with 3M Firestop using system # HW-D-0022.  Continued observation and monitoring will be conducted by Maintenance Staff and Management through the Life Safety Building Maintenance Program.	3/4/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Patricia Setteman**Administrator*

2/25/2011

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 over the top of the 2-hour cinderblock wall below the concrete deck, fire dampers were missing their angle brackets, sprinkler piping was not sealed where it penetrated the cinderblock wall, and the headwall joint was unsealed.	K 029			
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	This deficiency applies to residents in 2 smoke compartments. Including rooms 25, 26, 27, 28 and rooms 1 through 13.  Moved all 3 smoke detector heads so each will be at least 3 feet from any HVAC system return or supply.  Continued monitoring will be conducted during the Life Safety Building Maintenance Program Survey	3/4/2011	
K 062 SS=E	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke detectors were located at least three (3) feet from an air supply (NFPA 72, 2-3.5.1). The findings include: Observation and interview with the Maintenance Director, on February 14, 2011 at 11:10 am confirmed the smoke detectors in the kitchen, in the corridor by room 13, and corridor outside the business office were located one (1) foot from an air supply.  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested	K 062	This deficiency applies to one smoke compartment including rooms 25, 26, 27, 28.	3/4/2011	

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K 062	Continued From page 2 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system was provided with a stock of spare sprinkler heads and sprinkler wrench (NFPA 13, 3-2.9). The findings include: Observation and interview with the Maintenance Director, on February 14, 2011 at 12:10 p.m. confirmed the spare sprinkler head cabinet was not provided with spare upright, sidewall, extended coverage sprinkler heads and a sprinkler head wrench.	K 062	Have purchased 2 upright and 2 sidewall sprinkler heads and placed them in the spare box. Have also placed a wrench in the box to use to replace the heads.  The availability will be monitored during Life Safety inspections.		3/4/2011